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# NARCOTISM AND THE WAR

BY JEANNETTE MARKS

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WE are confronted today with a new level of conflict,—individual, national, international,—and a probable new level of intoxication.

Intoxication is an instinct deep-seated in the human race and its experience. Mexico has already produced one demoralizing narcotic called *peyote*. How long-lived, as well as deep-seated, the instinct for intoxication is may be gathered from the fact that *peyote* has been identified with the Aztec narcotic called “Sacred Mushroom” and with the “Devil’s Root” of ancient Mexico. We cannot go so far back that we shall not find evidence of this instinct at work. It crops out in race expression as well as in the individual. It is part of all race experience. And with a new level of conflict brought about by the European War, the problem of narcotism reshapes itself like the protean monster it is.

What is the level of the conflict of the man who fights? He would not be human if he did not seek relief from overstrain. Is this after all a temperance problem? Is there not more in the problem than people have supposed? There is no certainty that even if the soldier were taught certain facts about narcotics, he would abstain from their use. It would often seem that education has but little effect in controlling drug addictions. Physicians are among the most intelligent and best educated men, yet they form as a class the largest quota of drug-users. Education alone cannot act as a preventive. The final hope for the control of such a problem must lie in the strong arm of the law: rigid supervision of the sale of narcotics. The soldier may belong to the *intelligencia*. But the burden he has to shoulder is nervously and often physically many times over that of the industrial laborer. If overstrain and fatigue enter in, as

every expert knows they do, it is most likely that the crippling and shock of war will have to be reckoned with in habit-forming drug addictions.

"Well," you say, "but how about all this prohibition movement in Russia and elsewhere?"

This movement does not include narcotic drugs. Our own narcotic problem took its rise on the battlefields of the Civil War. There has never been much said about it. Drug addiction was always like a secret disease or vice until the Harrison Law slashed the whole misery wide open to the daylight. Some of our Federal bulletins give abundant information about the causes of our narcotism.

"But," you ask, "what about the European situation? They aren't using or, at least, abusing narcotics there, are they?"

A study of the records of this war, medical and otherwise, reveals how much Europe is depending on opium in its various forms. As an incidental illustration take the Diary of Lieutenant Mallet, a heroic young French officer, whose journal was published in *The Atlantic Monthly* in 1915. There occurs this passage under date of May ninth: "I have hardly reached the dug-out when I hear some one say, 'Pass on Lieutenant Mallet's morphia for Lieutenant D.' I realize that the poor fellow is badly hit. I pass on three opium pills to him; then we begin to organize the defence."

It is indeed only a simple and tragic exercise in multiplying the wounded to know to what extent they are using it in Europe. Hanford Henderson in his "Deuil En 24 Heures" in the April, 1917, *NORTH AMERICAN REVIEW* has made this enumeration:

The haunting tragedy here is not death: it is the hideous, multi-form, disabling mutilation, the loss of vision, of hearing, of speech, the loss of hands and feet and arms and legs, the monstrous repulsive disfigurement. And each day adds its gruesome toll . . . . When the war ends, there will be fifteen million cripples in Europe, fifteen million men handicapped in the never too easy race of life. Neither our own generation, nor the succeeding one will see a Europe free from heart-rending, mutilated men, for it is a part of the huge and bestial stupidity of war that it kills and maims and mutilates not the old and already disabled, those on the brink of the grave, those ready and eager to be gone, but the young and the strong, ardent lovers of life, the promise of the race, those who seek and need the discipline of active years.

All the opium and its derivatives which came through to

us legally and illegally in the past are now in use on the battlefields. This is one of the pressures which has cut off our drug supply. A member of the Committee on Habit-Forming Drugs of the American Public Health Association wrote me on December twentieth: "At the present moment about the only method of securing narcotics to satisfy a habit would be to purchase them on the streets from peddlers of the drug, and the drug is so scarce for this purpose that I understand they are selling it for about one dollar a grain." At this time it was practically impossible to get morphia illegally from physicians of the unethical minority in Boston, for the Assistant District Attorney had recently raided some physicians' offices and later these doctors were indicted. Temporarily, at least, one of the leaks in the Harrison Law has been stopped in Boston. But, as has been suggested, this leak is being stopped also by the war pressure.

"But, assuredly," you say, "some one of the derivatives of opium is often the last blessing you can give a badly wounded man."

It most assuredly is. And this the Governments of the countries at war have recognized. Part of the kit of the "efficient German" is a hypodermic and some morphia tablets. From the point of view of the present this is an intelligent and merciful provision. From the point of view of the future it is a question whether the provision is intelligent. We have now to face this problem on our own behalf. Our wounded will be no different from the wounded of any other country; there will be moments when some derivative of opium will be the only blessing physician or nurse can confer. We face the problem, too, from another point of view; that of a national deficit in opium. Only the patent medicine interests have on hand sufficient for their purposes, and any depression of vitality will prove commercially a "boom" for their parasitical trade. No legislature in the country has dared "smoke" them out. In its Section Six, even the Harrison Law heeled to their commands and to the overwhelming argument of their invested millions.

It is not to be thought that Europe is free from the type of physician who flourishes in this country. I mean that small minority—despised and yet uncontrolled by the ethical majority of medical men—who foster the habit in others. Such men always throw themselves against any adequate legislation. Or at best they present the sad spectacle of some

of the newspapers—theoretically right on the question as a whole, but practically hoping to make a living out of it through advertisement of the habit-forming nostrums of the patent medicine industry. The Drug Commission had a battle royal at the Hague with the Germans as to whether there was such a thing as the “heroin habit.” A German delegate, a chemist of distinction, brought volumes of evidence to prove that there was none. It is possible to associate the position he took with the fact that Germany is an extensive producer of heroin. In this country heroin is one of the most difficult of the narcotic drugs to eradicate. The German climate may make a difference. It seems to in many ways! But the Germans, the Allies, and perhaps we ourselves, will not make a mistake in considering drug addiction as a probable factor of inefficiency in the future. The aftermath of dependence on hypodermic and narcotic is inevitably awful. Unless given under wholly ideal conditions, morphia is certain to form an addiction. It is hardly probable that in the European *mêlée* and on the battlefields, or even in many of the hospitals, conditions can be ideal.

It is not that little cloud on the horizon now which matters. It is what it will have become when the world is in the full drama of recovery from the greatest blow to the sum-total of vitality and civilization the world has even known. What then, after the guns are still and the earth has ceased to tremble, will prove the resource of the crippled and the nerve-shattered? Men will no longer be living to fight. Their cause will have been won or lost. The warfare of each battle-exhausted or crippled man will be in the future with himself. His problem will be to get sufficient strength for the day’s need, and to find, in his depressed physical and nervous condition, an adequate reason for existence. This man has known the sublime intoxication of patriotism. With exhausted strength and crippled body, what will be the level of his intoxication in the future? He will be only human if he seek to find the nearest color to the color of rose or of life which it is possible for him to get. Vividness has been the very breath of existence to him, over-excitement and delirious joys. The drug which has stilled pain, given care-free moments, and—so far as he can see—has been strength to him, will very naturally suggest itself in morphia or codeine, laudanum or heroin, or even paregoric, as an indispensable friend for the future. But to have used opium for a few

battle-torn weeks is one thing. To continue using it will prove quite another.

Europe, so admirable in its habit-forming drug regulations, so economical in its past use of narcotics where we have been prodigal and viciously careless, now uses all her own supplies, and exports none to us. How Europe will meet this problem which looms before her depends somewhat upon the foresight of her men and women of science. It depends even more upon her collective national wisdom. But most of all, it will depend upon what she gives her soldiers to live for, the incentive, the inspiration which the war-scarred are to feel for their continuance in the struggle to exist. All intoxication expresses itself in terms of the struggle for existence—a need for happiness, for belief that life is worth while, the conviction that there is actually something which makes a man's life essential to others, to a cause, to his country. As Mr. Henderson points out, Europe will no longer possess her own future: "She has given the future to the two Americas—perhaps, in part, to Asia." Europe can no longer promise her men and women the fullness of her former civilization and her former vitality.

Both the Protestant and the Roman Churches, slow to leave their dogmas, could handle this problem admirably from the psychic point of view. Should the Church do this, it would but be coming back to Christianity's first principles: to help those who need help. Europe's only safety lies in lifting the level of its conflicts and its intoxications, and in inspiring every man, shattered or whole, with the conviction that he is more important to the State than ever before. In a certain way drug addiction is not a medical problem, it is a psychological problem; it may deal with deranged functions—necessarily has to; but more significant in the acquirement of a habit is the derangement of ideas. Complete recovery must depend upon a changed mental attitude.

The object of our Harrison Anti-Narcotic Law was in a sense as much educational as corrective. Its object, as it was agreed to by the members of the Drug Trade Conference, was to furnish information in regard to the disposition of proscribed narcotics by all dealers, and information it has collected, and collected admirably. But it is itself defective through a serious "leak." I refer to Section Six of the Harrison Law. The new drug bill of the Commonwealth of Massachusetts recently drawn and called "almost perfect"

has this same allowance of two grains of opium, one-quarter grain morphine, or one-eighth grain heroin, or one grain codeine. Our attention is naïvely called to the fact that no cocaine is allowed in these preparations—because cocaine is not a habit-forming drug in the sense that the various preparations of opium are. And it should be noticed that some concession has been made to Massachusetts' well-known preference for heroin! But if our Treasury regulation should be abrogated, there would be no means by which the Commissioner of Internal Revenue could require a record for renewal of prescriptions containing habit-forming drugs. In any event, the Harrison Law has proved an excellent house-keeper, doing better than we knew because it has set our house in order at a most critical time. Yet we do well to remember that as drink goes out, drugs come in.

If the Governments of the countries at war would foresee the possibilities, after the terrible shock to national nerve centres, of drug addictions on a scale never known to the world before, not even in China, and would begin now to give this problem, through corrective or preventive legislation, a fourth of the attention they have given to alcohol, even if the legislation were no more drastic than the Harrison Law, there is some hope that from the point of view of narcotics, at least, this particular war problem might be solved. Europe, it would seem, faces the greatest problem in narcotism the world has ever known. Is it folly to hope that with the lesson we have learned from our own Civil War battlefields, with the problem which we are about to share with them—is it folly to hope that we may be of service to Europe in a constructive attempt to lessen the probable evils of her approaching habit-forming drug problem?

JEANNETTE MARKS.